MDHS/Division of Youth Services Treatment Team Meeting Form

| Youth Name: | Date: |
|--|--|
| Housing Unit: | Counselor: |
| Risk Level: | Current Stage: |
| Commitment Number: | |
| Reason for Treatment Team Meeting (Cho | oose only one): Initial Service Plan |
| ☐ Service Plan Revision | ☐ Service Plan Review Only |
| Other: | |
| | |
| Progress in Reducing Risk Areas: | |
| Youth Self-Assessment: | |
| Parental Involvement: | |
| Community Counselor Involvement: | |
| | |

Treatment Team Meeting Form

Revised 8/1/2017

XIIIl.4.A

| Group Participation: |
|--|
| Incident Reports/Disciplinary Issues: |
| Suicide Prevention: |
| Medication Management: |
| Progress in Resolving Mental Health Issues Substance Abuse Issues: |
| Academic Progress: |
| Transitional Needs/Planning: |
| |
| Recommendations of Treatment Team: |

MDHS/Division of Youth Services Treatment Team Meeting Form Signature Page

| Youth: | Date: | |
|-----------------------------------|-------|--|
| Treatment Team Member Signatures: | | |
| | | |
| | | |
| Youth Signature: | | |
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Treatment Team Transfer Form Addendum

| Youth's Name | Date: | |
|-----------------------------------|--|--------------|
| Present Unit: | Recommended Unit: | |
| | | |
| Rationale for Stage Char | nge: \square Safety Concerns \square | Stage Change |
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| Administrative Approva | ıl: ☐ Approved ☐ Disapproved | ☐ Pending |
| | | |
| Reason for Disapproval/ | Pending Status: | |
| | | |
| Facility Administrator Signature: | | |
| | | |
| | | |
| | | |
| Revised 8/1/2017 | Treatment Team Meeting Form | XIIIl.4.A |